

PART B—ISSUE FEE TRANSMITTAL

242-645

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS <div style="text-align: right; margin-right: 50px;">34M1/1217</div> <p>POLSTER LIEDER WOODRUFF & LUCCHESI 763 SOUTH NEW BALLAS ROAD SUITE 160 ST LOUIS MO 63141</p>		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side	
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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/436,655	05/08/95	031	VANATTA, A	3408 12/17/96
First Named Applicant CHASE, DAVID D.				

TITLE OF INVENTION **ANTIVIBRATION GLOVE**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 CHAE-5747	002-161.600	H56	UTILITY	YES	\$645.00	03/17/97

3. Correspondence address change (Complete only if there is a change) <div style="text-align: center; font-size: 1.2em;">BEST AVAILABLE COPY</div>	4. For printing on the patent front page , list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. 1 <u>Polster, Lieder, Woodruff & Lucchesi</u> 2 _____ 3 _____
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DO NOT USE THIS SPACE

810 BL 01/30/97 08436655
1 242 645.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) (1) NAME OF ASSIGNEE: Chase Ergonomics, Inc. (2) ADDRESS: (CITY & STATE OR COUNTRY) Albuquerque, New Mexico		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ 6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER <u>16-2201</u> (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) <u>Henry E. Yach</u> (Date) <u>Jan. 16, 1997</u> NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.
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- A. ☐ This application is NOT assigned.
☒ Assignment previously submitted to the Patent and Trademark Office.
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231

on January 16, 1997

(Date)

Gregory E. Upchurch

(Name of person making deposit)

Gregory E. Upchurch

(Signature)

Jan. 16, 1997

(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.

ART C—CHARGE TO DEPOSIT ACCOUNT

1. CORRESPONDENCE ADDRESS

34M1/1217
 POLSTER LIEDER WOODRUFF & LUCCHESI
 763 SOUTH NEW BALLAS ROAD
 SUITE 160
 ST. LOUIS MO 63141

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 Publishing Division
 JAN 21 1997
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SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/436,655	05/05/95	031	VANATTA, A	3408 12/17/96
First Named Applicant CHASE, DAVID D.				

TITLE OF INVENTION ANTIVIBRATION GLOVE

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3 CHAE-5747	002-161.600	H56	UTILITY	YES	\$645.00	03/17/97
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2a. The following fees are enclosed:

☒ Issue Fee ☐ Advance Order - # of Copies _____

2b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 16-2201

☐ Issue Fee ☐ Advance Order - # of Copies _____

☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Gregory E. Yach Jan. 16/1997

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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2. TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT

PATENTS

"FEE ADDRESS" INDICATION FORM

Box M. Fee

Commissioner of Patents and Trademarks

Washington, D.C. 20231

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:

Polster, Lieder, Woodruff & Lucchesi, L.C.
763 South New Ballas Rd., Suite 230
St. Louis, Missouri 63141

Payor Number if assigned 001688

in the following listed application(s) or patent(s) for which the issue fee has been paid.

Patent Number (if known)	Serial Number	Patent Date (if known)	U.S. Filing Date
	08 / 436,655		5/8/95
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Gregory E. Upchurch

Typed name of person signing

Gregory E. Upchurch

Signed

(check one)

☐ Owner of record

☒ Owner's attorney or agent of record #28,482

Form PTO-1537 United States Patent and Trademark Office

(Fee Address Indication Form [21-11])

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